



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the
Report: Melissa Long

Email Address: mllong@stmarys.org

Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$629365202
Outpatient Patient Service Revenue	\$622297670
Total Gross Patient Service Revenue	\$1251662872

2. Deductions From Revenue

Contractual Allowance	\$737908659
Other Deductions	\$79706614
Total Deductions	\$817615273

3. Total Operating Revenue

Net Patient Service Revenue	\$434047599
Other Operating Revenue	\$11947311
Total Operating Revenue	\$445994910

4. Operating Expenses

Salaries and Wages	\$125880089	Employee Benefits	\$31417377
Depreciation and Amortization	\$21060992	Interest Expense	\$4712929
Bad Debt	\$0	Other Expenses	\$209332671
Total Operating Expenses	\$392404058		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$53590852	Total Assets	\$614660665
Net Non-operating Gains over Loss	\$28607559	Total Liabilities	\$213767120
Total Net Gains	\$82198411		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$522668351	\$409250288	\$113418063
Medicaid	\$43901353	\$36814038	\$7087315
Other Government	\$0	\$0	\$0
Other State	\$92416833	\$77497311	\$14919522
Other Payers	\$592676335	\$228894582	\$363781753
Total	\$1251662872	\$752456219	\$499206653

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$690229	\$0	\$690229

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$35400	\$263738	\$-228338

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$65159054
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16472372	
HCI Payments	\$0		
Subtotal	\$0	\$16472372	\$-16472372
Medicaid Shortfalls	\$15477139	\$20100371	
Subtotal	\$15477139	\$36572743	\$-21095604
DSH Payments	\$5,403,108		
Subtotal	\$20880247	\$36572743	\$-15692496
Medicare Shortfalls	\$97871317	\$104835257	
Other Government Programs	\$0	\$0	
Total	\$118751564	\$141408000	\$-22656436

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$853409	\$-853409
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

